

Practitioner's Docket No. 043-1

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

### TYPE OF DECLARATION

This declaration is of the following type:

- original.
- design.
- supplemental.
- national stage of PCT.
- divisional.
- continuation.
- continuation-in-part (C-I-P).

### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

#### SEEDING APPARATUS

### SPECIFIC IDENTIFICATION

- (a)  is attached hereto
- (b) was filed on \_\_\_\_\_, as Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).
- (c) was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

## **ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent and,

## **POWER OF ATTORNEY**

I appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Dana S. Rewoldt, #33,762  
Advanta USA, Inc.  
2369 330th Street, Box 500  
Slater, IA 50244  
Tel: (515) 685-5201  
Fax: (515) 685-5072

- X I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- Attached, as a part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

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Send correspondence to

Direct Telephone calls to  
(Name/Telephone Number)

Dana S. Rewoldt, #33,762  
Advanta USA, Inc.  
2369 330th Street, Box 500  
Slater, IA 50244  
Tel: (515) 685-5201  
Fax: (515) 685-5072

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## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## **SIGNATURES**

Full name of sole or first inventor

Gregory \_\_\_\_\_ Dale \_\_\_\_\_ Weaver \_\_\_\_\_  
(Given name) (Middle Initial or Name) (Family or Last Name)

Inventor's signature Gregory Dale Weaver

Date 7-11-2003 Country of Citizenship: United States

Residence: 1116 Saint Joseph Street, Shelbyville, IN 46176

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X This declaration ends with this page.